

**HEALTH & HUMAN SERVICES COMMITTEE**

**of the**

**Suffolk County Legislature**

**Minutes**

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on November 29, 2007.

**Members Present:**

Legislator Elie Mystal - Chairman  
Legislator Wayne Horsley - Vice-Chair  
Legislator Jack Eddington  
Legislator Lynne Nowick  
Legislator John Kennedy

**Also in Attendance:**

Legislator Daniel Losquadro  
George Nolan - Counsel to the Legislature  
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature  
John Ortiz - Budget Review Office  
Diane Dono - Budget Review Office  
Paul Perillie - Aide to Majority Caucus  
Greg Moran - Aide to Legislator Nowick  
DuWayne Gregory - Aide to Legislator Mystal  
Joe Dujmic - County Executive's Office  
Dr. Chaudhry - Commissioner, SC Department of Health Services  
Janet DeMarzo - Commissioner/Department of Social Services  
Linda O'Donohoe - Assistant to the Commissioner/Dept of Social Services  
Dennis Brown - County Attorney's Office  
Christopher Jeffreys - County Attorney's Office  
Dominick Ninivaggi - Superintendent of Vector Control  
Margaret Bermel - Health Department  
Debra Alloncius - AME Legislative Director  
Steve Moll

**Minutes Taken By:**

Lucia Braaten - Court Stenographer

**Transcribed by:**

Kimberly Castiglione - Legislative Secretary

**[THE MEETING WAS CALLED TO ORDER AT 2:11 PM]**

**CHAIRMAN MYSTAL:**

Please rise. Please stand up for the Pledge of Allegiance led by Legislator Lynne Nowick.

**(Salutation)**

**CHAIRMAN MYSTAL:**

Thank you very much and welcome to the Health and Human Services Committee. Legislator Eddington will be here shortly. He had a previous engagement in his district that he's attending but he's rushing back as we speak. We have a very short agenda. I would like to call Dr. Chaudhry to give us a brief overview of the department since he's been at the job for a few months. We would like to know if he's quitting or if he's staying.

**COMMISSIONER CHAUDHRY:**

Thank you, Mr. Chairman. No, I'm not quitting. Good afternoon, everyone. I thought as I enter now my seventh month on the job, it seems longer, I thought I would share with you some of my observations of several key areas in the department. So if you'll indulge me for about 10, 15 minutes. I'll try to be faster. But these are important areas that I really don't have any other venue other than this setting to share with you what goes on.

I am pleased to state that we are ready and prepared to respond to any unforeseen emergency in the realm of public health that may occur related to the health and safety of the residents of Suffolk County. The department is in good condition and the prognosis is quite good and so I'd like to touch on a few broad areas, specifically leadership, public health and the role of the Health Department, first as it relates to leadership.

My own style is slightly different from previous commissioners. It is a participatory style of leadership in which I value very much the active involvement of the experts and our division chief and our middle managers in providing me the information that we need to make the decisions. Some decisions are made by myself, some decisions are made with significant input from our leadership within the division. We have a talented cadre of division leaders.

In Public Health, Dr. David Graham is the Acting Director of the Division of Public Health. Just the other day we hired and brought on board a new clinician, Dr. Dennis Russo, M.D., who's a seasoned internist-clinician who will be joining us now in the Department of -- in the Division of Public Health and supporting our public health efforts, especially as it relates to bioterrorism.

Patient Care Services, Dr. Shaheda Iftikhar is our Division Chief who many of you know because she was the very first recipient of the New York State Department of Health's Honor Roll Award this past year. The honor was established this year to highlight the key role public health workers play in protecting and promoting the public health of New Yorkers.

In Community Mental Hygiene, a crucial area in terms of mental health services, Dr. Tom MacGilvray has been on the job for several years and does an outstanding job and has an outstanding cadre of people within his division.

Environmental Quality. You all know Vito Minei. Mr. Minei has been a leader in many respects, not only locally but nationally, and is an expert in this area and also has excellent people working under him.

Emergency Medical Services. Bob Delagi is our Division Chief and we have our Medical Director, Dr. Linda Mermelstein, who is the former acting health commissioner who is the Medical Director of that. I had the opportunity to spend a day shadowing our Emergency Medical Services and went along on some ambulance rides to get a better appreciation for what they provide and I think we have an outstanding core of ambulance volunteers throughout the County who work with us and are trained

by us in part.

The Medical Examiner, you know we have a new medical examiner, Dr. Yvonne Milewski. She, too, is doing an outstanding job and finding areas of efficiency improvements and quality improvements and I am closely working with her to try to maximize the output in terms of the services that can be delivered by that vital division.

Services for Children with Special, Dr. Meryl Zaglin. The Suffolk Health Plan, which Dr. Maureen Crowley is the Medical Director and Fred {Wyman}. And finally the John J. Foley Skilled Nursing Facility which provides very important long-term care for our residents. John Digilio is the Division Chief of that.

I've been to all of these division chiefs. I've been to their shops. I've met with employees. I've been to I think eight out of the 11 health centers that we have to try to get a better feel. It's impossible to do the job of Commissioner of Health for Suffolk County because it is so large, not just the department, but the County is so large. I've been fairly active in being out there and meeting with the people and hearing firsthand what the issues are.

I've also enjoyed meeting with each and every one of you and other stakeholders. There are lots of agencies and organizations. Thankfully we don't do this by ourselves. We have a lot of partners and I am happy to work with them.

If you'll indulge me I'd like to share with you some of our public health areas of success and achievements and areas where we can certainly do more and are trying to. We have a new Division of Preventive Medicine. This is, as you know, having looked at your budget for the coming year, this was something I felt very strongly about. Both the Commissioner of the State Department of Health and the New York State Governor, Governor Spitzer, feel that prevention has to be a focus of all the local health departments. The last century we've made great accomplishments in public health as it relates to treatment. I think this century, the 21st century, the focus has to also include prevention, and so a Division of Preventive Medicine will work to improve health literacy, reduce the incidence of illness and disability, and eliminate health care disparities throughout Suffolk County to the extent that it can.

We will encourage lifestyle modification and behavioral change to prevent disease and to promote health. The Director of this Division will be a physician who will focus on proactivity, being actively involved rather than responding to illnesses as they occur. As it relates to legionella, you know, that was in the news not too long ago, the State Department of Health asked for Suffolk County's assistance in the legionella cases that we had on Long Island. The department provided critical assistance in the State investigation and was officially thanked by the State for its effort.

And this is also something that I seek to do, is to collaborate more and more with the New York State Department of Health. We cannot do our job by ourselves and I'm happy to partner with the State, which does provide some funding as you know, as well to our efforts. And there are lots of opportunities up there, especially as under a new Health Commissioner at the State level there are going to be new opportunities for receiving funding and grants and working in collaboration as it relates to prevention and other areas.

We have an asthma demonstration project. Health care disparities, as you know, is something that is not something that's unique or that Suffolk County is immune to. I've given a couple of talks around the County. The last one was at the Nassau University Medical Center about asthma and in terms of the health disparities associated with that. There are several towns in this County, several areas where we have higher than national average numbers of asthma. So my department has come up with a project working with the New York State Department of Health which seeks to improve diagnosis, management and treatment of asthma. This will be accomplished by provider education and performance improvement initiatives, in home environmental assessments, health monitoring and remediation, health education to asthmatics and their families, public health nursing

in home education, interdisciplinary team meetings, etcetera, etcetera. We had a visit from the New York State Department of Health Director of Asthma and she touted our project as a model perhaps for the rest of the State.

This is something we see -- I'm seeing time and time again that in many cases we take the lead in Suffolk County, and I think that has to do in large part because of the expertise we have in various divisions. As you may or may not know, in the realm of food borne illness protection and the Food Inspection Bureau, we wrote the laws and regulations 20, 30 years ago that the State now utilizes and in many cases our restrictions and our inspection procedures are tighter than the State and I'll talk about that a little bit.

As it relates to obesity and just, you know, there was something in the paper just the other day about how obesity may be leveling off in the country. Well, it's still one-third of the adult population is considered to be either overweight or obese or morbidly obese and this is in comparison to about 15% 20 years ago, and so it's still going to be a problem. It's not going away easily and so we've set up a Weight Management Task Force to come up with a comprehensive means by which we can address this.

The model that I'd like to see is a practice what you preach approach. In other words, what I'd like to do is pilot this effort within our department first so we can model for the rest of the County, iron out some of the kinks, and then try to transplant that and see if we can advance that to the County level.

In public health preparedness, bioterrorism, you know, being a former Air Force Reservist who was involved in emergency preparation for bioterrorism, this is certainly an important area. Our POD training, Point of Distribution training continues. We are working with the County Executive on an executive order, as many of you may be aware, to authorize the Health Commissioner to mobilize County resources of all departments within the County as needed in the event of a public health emergency, whether it's for staffing, vehicles, photocopiers, communications, computers, generators.

We're also working with our school districts in the County to put into place memoranda of understanding, such that in the event of an emergency we can utilize the schools to deliver deliverables, whether it's a vaccine or a medication when there's an emergency of that sort.

The mission of the Food Control Program I alluded to is to provide the safest possible food services. The prevention of food borne illness is our primary goal there. The staff is on 24 hour call to respond to food related emergencies that could adversely affect public health, such as fires in food service establishments and other immediate issues.

Something that our Food Division provided me just recently, I found very fascinating, the Centers for Disease Control and Prevention estimates that nationally in the United States, food borne diseases cause approximately 76 million illnesses of all types, hospitalizations to something as minor as quote unquote garden variety food poisoning which gives you a couple of days diarrhea and then you go back to work. But a total of 5,000 deaths a year, 325,000 hospitalizations in the United States, and that's the most recent figures. The estimated cost from five bacterial food borne pathogens, just five of them, major ones, is roughly something on the order of \$6.9 billion.

If you look at this national data, adjusted it for Suffolk County's population, Suffolk County should expect, if we did not have a food borne inspection program, Suffolk County should expect 378,000 food borne illnesses per year, costing \$34.3 million. The efforts of our food control program are astounding because our rates of food borne illness are incredibly low. And, yes, we could always use more inspectors and now that the hiring freeze is over we do -- I'm looking at all of the divisions to see where we can improve staffing because that is a concern throughout the department in more areas -- in certain areas more than others. But I'm impressed with what we're able to do with the resources that we have.

We're also quite innovative because even though other programs across the country, and I know this because I attended the National Association of County and City Health Officials, other counties approach this purely by being reactive and doing the inspections "X" number of times a year or several years. What we try to do is to be also proactive and this has been in place for several years. In between inspections we mandate that the food establishments come in for mandatory training. They get a certificate and they're required to have that person who has that training be at the food establishment so that they have a full understanding of how to prevent disease, what is it that we're looking for to make sure that they are following the best practices.

I know this because I went along on several food inspections myself a few months ago and saw firsthand the value of this. People recognized each other when we went there, they said oh, weren't you at the class and I remember what you said. We pointed out some minor violations such as oh, you're not wearing gloves and they said and I remember you telling us that, too. So that's a good example of seeing in action some of our practices and that's very good. We don't recognize that because when we go to eat at a restaurant we assume that everything is taken care of, but quite a lot goes on behind the scenes to make that happen.

Another success is our rabies baiting program. Our raccoons, as you know, raccoon rabies is a big problem. People can get seriously ill from this if not die from this nationally. This past year we increased the number of baits that we put out in certain areas more than others. This is not a County-wide problem. It seems to be particularly a problem in Western Huntington. Through our program we put out these baits but we really didn't know if the raccoons were taking this up. I just got some information two weeks ago that they did analyses of various raccoons that they had picked up and 33% of them had the vaccine in them, meaning that we were being effective in controlling rabies outbreaks within raccoons, because that will certainly cut down on human cases. So we're very pleased in these sorts of efforts as well.

In tuberculosis, and I'll wrap up in a few minutes. In tuberculosis the New York State Department of Health has commented that Suffolk County has the best program in TB prevention and control in the State of New York. Through concentrated efforts the number of TB cases in Suffolk County has remained within a very narrow range, 55 active cases out of a population of 1.5 million. Fifty-five active cases in 2006. The department identifies and ensures treatment for suspected and confirmed cases of TB, ensures that TB patients are rendered non-infectious. We go out and find out who their contacts are and make sure that everyone who needs to be prophylaxed with medication to prevent the spread of tuberculosis, that that's taken care of.

Health care disparities. You know we have an Office of Minority Health which was put in place three years ago. We put on our Second Annual Health Disparities Conference. I'd like to thank the Legislature, Legislator Mystal's office, and the County Exec's Office for supporting that. Our Office of Minority Health under Dr. Maybank did a fantastic job in putting together the conference. There were several hundred attendees, both health care providers as well as individuals who could benefit from that. And this year what we added was instead of just talking the talk, we also walked the walk. We actually provided some services at that conference.

I'm wearing the red ribbon because this is red ribbon week to recognize the fact that HIV and AIDS has not gone away. It's a -- there are about 5,000 cases in Nassau and Suffolk combined. We work very carefully and closely with our Suffolk HIV Commission who has come up with an outstanding strategy, which I support, which is what they call a push pull support strategy. Push in terms of pushing out education to the public, pulling in the public for education and testing, and then supporting our agencies and support groups that are focused on HIV. We work very closely with the United Way in helping distribute Ryan White funding to do what we can to help those who have HIV and AIDS.

I could go on and on. I'm just going to summarize by saying that the department's mission is to

protect the public's health through enforcement of the New York State Public Health Laws, New York State Code of Rules and Regulations, New York State Sanitary Code and the Suffolk County Sanitary Code. This is accomplished by surveillance and investigation activities which I am very impressed that we're actively engaged in.

Medical care and consultation services. We have eight health centers as you know and three satellite centers. This is the year where not only do we talk with our partners, our hospital partners, in doing what we can to improve efficiencies and qualities, but I really would like to address some of the issues that came up at the last Health Committee meeting about infrastructure, whether it's parking facilities, sites, the way the rooms are set up, waiting times, throughput. These are not going to happen overnight, but they will require active, continuing dialogue with stakeholders, whether it be the communities themselves, all of you as Legislators, but also the patients themselves also and our hospitals and others. And I'd like to do that.

After our meeting last time, Legislator Mystal, I went through the paperwork and found the Wyandanch Rising Plan, which is more than three years old now. I'd like to see where the Town of Babylon is with that because I would like to move forward with that and do what we can. So I'm trying to come up to speed in terms of all the areas where we need to do more work on. It is a huge department but thankfully I have staff who can help me in showing me the way and making sure that the priorities are addressed.

I'm not going to go on too much, I just want to say that we're doing the best that we can. Some of the challenges we faced I'm not shying away from. One of them is geography. We have three times the size of Nassau County. Our population has significant problems with transportation in terms of getting to various sites for health care services, sometimes beyond primary. While our health centers help out and the State recognizes that, sometimes secondary and tertiary care is not always available unless it's an emergency.

Cancer care is a problem. We do a good job, I think, of diagnosing cancer. We get funds from the State to do that. But what happens when someone needs chemotherapy and radiation therapy and it's not an emergency, where do they go from there? And so we're working with a Cancer Awareness Task Force which Commissioner Carrie Meek-Gallagher of the Department of Energy and Environment works on and Chairs and we've been meeting with hospital partners to see if we can come to some agreement on how we can address this issue.

Health care disparities is the other one. It's a significant problem. The numbers are really quite scary. I probably could do a separate presentation working with Dr. Maybank on that one day. People have an impression of Suffolk County, but if you look at certain pockets of the County there are significant problems and I'll do what I can to address those issues.

So I just wanted to give you a flavor of -- and many of this information, forgive me if you already knew, but I wanted you to know that I am impressed with what it is that we're able to do. We can do more and I will look to see what we can as we move forward. I appreciate everyone's input, whether on the table here or unofficially or indirectly in private. Thank you very much, Mr. Chairman.

(Presiding Officer Lindsay entered the meeting at 2:31 PM)

**CHAIRMAN MYSTAL:**

Thank you very much, Dr. Chaudhry. I'm going to start with two things. One, I'm sure you read the editorial that came out in Sunday's Newsday. Just in case you didn't there's a copy of it, but I'm going to leave that for the other members of the committee. My pet peeve, as you know, are the health centers, and I keep hearing persistent rumors that the administration is trying to, contemplating, what's the other word for it?

**LEG. LOSQUADRO:**

Thinking about it?

**CHAIRMAN MYSTAL:**

Well, I think they're way beyond thinking about it.

**LEG. EDDINGTON:**

In the process of.

**CHAIRMAN MYSTAL:**

In the process of, thank you. That's the word. Of trying to either outsource -- well, not just outsourcing, but getting rid of, let me get to the meat of it. I was trying to find a nice way of putting it, but that's not me.

**LEG. NOWICK:**

You?

**CHAIRMAN MYSTAL:**

Yeah. That's why I was fumbling for words. Let me rephrase, let me rephrase. My understanding is that the administration is trying to get rid of the health centers, period. In other words, get it off our books so we don't have to pay for it, we don't have to deal with it, we will just do away with it, give it to other concern that will turn it into for-profit organization, more or less, and therefore decimate health care for the poor. Now, I've talk to you and you say well, -- we talk -- you talk about a lot of options, and I just want to know if that is one of the options on the table in terms of the health centers. Are we trying to get rid of them?

**COMMISSIONER CHAUDHRY:**

We are not trying to get rid of the health centers.

**CHAIRMAN MYSTAL:**

That's one. Are we in the process of trying to get rid of them?

**COMMISSIONER CHAUDHRY:**

You know my, father's a lawyer, but I'm --

**CHAIRMAN MYSTAL:**

I'm not.

**COMMISSIONER CHAUDHRY:**

I'm not trying to be.

**CHAIRMAN MYSTAL:**

I got my prosecutor right there. He's next.

**COMMISSIONER CHAUDHRY:**

I personally feel the health centers offer a valuable service and we're not there to make money. And even if it loses money we should try to do what we can to improve the efficiencies and the care that we deliver. Yes, last time that I was here I indicated that I am encouraging people to think outside of the box, but the thinking is to improve the services we deliver.

Yes, in at least one instance, one only, I'm not aware of any grand master plan to look at the health centers and sell them off. There is no such plan and no one has approached me about it. In one instance one of our hospital partners offered that as a suggestion. It was discussed, nothing was written down in terms of an ongoing plan to do that, but I would be remiss as Health Commissioner if I didn't open up the table to all options to do what's right for the residents of the County. But there is no active plan to sell any of our health centers at this time, and not for the foreseeable future that I can see.

There is talk, and you know it's preliminary, so I remember the other comment you made was, and I think Legislator Horsley said the same, was the Legislature would like to be involved as the discussions proceed, and I certainly support that. Right now they're very preliminary. What we are specific about is for the coming year, for 2008, many of you may not know, many of our hospital contracts for our health centers date back years ago, in one case 15 years ago, and we've been adding amendments year after year after year. This is the first time in a long time that we have sat down with our hospital partners and gone over the contracts that we have with them and decided to come up with a uniform contract that all of the hospital partners can agree on.

So there's been a lot of meetings and discussions with our hospital partners and some of the queries I've gotten have been interesting.

In one case the hospital said, well, you know, we have some ideas of how we can improve efficiency. Would you entertain them? And I said of course, but it doesn't -- you don't have to entertain them with me necessarily. This is already, if you look at the contract language, a collaborative approach. We are working together for the same goal. If you find areas of improvement you don't have to wait for a meeting from me to talk about them. You should be already about talking about that.

**CHAIRMAN MYSTAL:**

Dr. Chaudhry, let me stop you. You know, very, very informative, and very, very happy that you are giving me all of that long dissertation. What I am more interested in is a very simple thing. I'm a government official and I'm part of the school that believes that government, there are certain services that government has to provide whether or not you lose money because that's part of what we do. We don't make anything, we don't produce anything as government. All the money that we have come from the taxpayer. You know, all we do is just take the money. We are a not-for-profit organization, basically. So I know, you know, we have to say we'd like to be part of the process if you have talking. My thing is like, you know, I don't even want to get to that point where I am as a Legislator part of a process where we are talking about getting rid of the centers.

That's where I'm coming from. Will we continue to lose money? I hope not, but if we are, frankly my dear, I'm your butler, okay, because it's what we're supposed to do. We are supposed to provide health for the public. And whether we lose money, yes, I would like for us to save as much money as we can, but money cannot be the priority or even the biggest concern I have.

The biggest concern I have is the fact that, you know, we are providing the health that we need for our public. And that's where I want to make it perfectly clear to you because during my watch I don't even want to entertain the idea that we're trying to sell the health centers or trying to get rid of them.

On that note I'm going to stop. You don't have to answer that. I'm just making that statement. On that note, I have two people who want to speak. The first one is -- we will call him the prosecutor, so tighten your belt, get your shoes ready, here he comes, Mr. Jack Kennedy.

**LEG. KENNEDY:**

Oh, Mr. Chair, what a set up. You know, Doctor, I agree with much of the assessment that you provided in some of the areas that you brought forward. I agree with you that you have excellent resources in your environmental staff areas. I've worked closely with them. I have reached out to you and I commend you for a Commissioner being relatively short-term with us. I don't think you've completed a year yet, have you?

**COMMISSIONER CHAUDHRY:**

Half a year.

**LEG. KENNEDY:**

You have gone out of your way to familiarize yourself with an area of practice, I think, that's probably much different from what you came from. Municipal medicine and municipal anything is in

essence an entity unto itself. And I have the highest regard for physicians. As a matter of fact, my son is just completing his second year in medical school now. But I also would say to you that I would remind you of the Hippocratic Oath, I think, which is first do no harm. And I would say to you that while you extend to us the offer that we be part of the process, I will be what I am now, which is what your father is, is an attorney. And I'll tell you that the Charter says that we're the ones that decide policy. So when we adopt a resolution, or when we give you a directive, it's not a suggestion, it's not a maybe, it's not a might, it's that's what the electorate of the County of Suffolk seeks to implement.

Now, if you find that you don't have the tools or you don't have the resources or that somehow that conflicts with what you are encountering on an administrative level, it's incumbent on you to seek the assistance from us or to advise us of that.

We've talked about public health nursing over and over and over again. I'm married to a nurse. Nursing is probably one of the most challenging roles in medicine. However, these public health nurses take care of those people in our County that nobody else wants. The private outfits don't want them. They're money losers. They deserve care, they need care, but we find less and less and less nurses in those positions. And we find their salary stagnates despite the fact that we passed resolutions to address the pay and equities. So I'm left to say to myself, where's the dilemma? Where's the lack in communication? What is it that we do or that we say that doesn't get resonated or doesn't get picked up?

HIV and AIDS. I work with a street level clinic in Nassau, Doctor. I know firsthand what Nassau County Medical Center does as far as it's provision for advanced HIV and AIDS care. Tell me where that happens here in Suffolk County? Essentially no place. Three thousand HIV and AIDS positive individuals who have to scrounge hat in hand in order to attempt to find care, to find the dental needs they need, to find the other things? Are we progressive or are we regressive? Do we paint ourselves as out there with conferences and patients struggling to find anywhere to get help?

How about our drug and alcohol dilemma, Doctor? Kids are using heroin at an ever great propensity. Go to any drug and alcohol clinic and you'll hear it. It's here in my district. It's on the North Fork. Our teenagers are killing themselves because they're using drugs at an ever greater level. It is part of our mental health area, and it is woefully understaffed and woefully underfunded. And while we're at it, mental health, my background, is abysmal. People have to go to ever increasing lengths to get any kind of care for those --

**CHAIRMAN MYSTAL:**

Calm down, Jack.

**LEG. KENNEDY:**

-- who aren't the natural constituency.

**CHAIRMAN MYSTAL:**

I heard you in the bathroom, so calm down.

**LEG. KENNEDY:**

You know, I apologize, Doctor, for getting loud or getting incensed, but I find when I hear about the many wondrous things that our County Health Department is doing I am forced to try to come forward with what it is that I see and what I know and I ask you, what is it going to take to address these issues? I think it's going to take staff. I find -- our sanitarian level, the Federal health level says we're nowhere near what we should have. So while you look at the resources that are there, what I am going to ask you, through the Chair, is to please come back to us, Doctor, with some specifics. Don't tell me goals, don't tell me objectives, tell me the next time or maybe even to the beginning of next year, how many additional people have you brought on to implement the initiatives that you talk about and the needs that we have. I'll yield, Mr. Chair.

**CHAIRMAN MYSTAL:**

Thank you. Yeah, I'll put you on the list. I have a couple of people, though. I don't know if your statement was -- was a question there and Dr. Chaudhry, I'm advising you, if you know Mr. Jack Kennedy, I would not -- don't answer now because he'll come up with three more questions. Do you want him to answer you?

**LEG. KENNEDY:**

You know, Mr. Chair, I think the only thing that I would say is, is that --

**CHAIRMAN MYSTAL:**

That you want the dialogue.

**LEG. KENNEDY:**

I value being a member of this committee.

**CHAIRMAN MYSTAL:**

If you want a dialogue with him, you know, it's going to take forever.

**LEG. KENNEDY:**

I think what I'll say to you, Doctor, is I hear the assurances that you have given to the Chair about the health centers. I'm going to ask you to particularly in those other areas where the County has the responsibility through statute to give me those same assurances, that you're going to embrace and be proactive in attempting to meet the service delivery deficits that are there, unless, and you're the physician, I'm just a lawyer, am I wrong?

**COMMISSIONER CHAUDHRY:**

All the areas you cited are key, I think. The Health Department provides so much and sometimes decisions do need to be made, but each of the ones that you've indicated, public health nursing, I value also. Drug abuse, mental health, HIV/AIDS and the role of the Legislators in deciding policy I agree are all important ones. There are many others, but I share many of the same concerns that you have and I'd be happy to talk to you or the entire group.

**LEG. KENNEDY:**

Well, through the Chair, I guess, and I don't want to monopolize for the balance of my committee members, but I guess the question is I'd ask through the Chair, if the Commissioner could bring forward some specifics. Perhaps maybe we'll be into the new year. We're ending this session, but I think that those areas are areas of concern.

**CHAIRMAN MYSTAL:**

I think Dr. Chaudhry at the beginning of next year, since we're at the end of this session of this year, next year maybe you could provide us with as Legislator Kennedy said, with some specific as to what you need, what's being done, and how can you do your job better if you have certain resources that you may be lacking or think that you need. And I think we're more into specific than concept right now in terms of the Health Department. You know, we have some question about the whole Health Department itself, but we're more into specific as to exactly what is it that we need to accomplish or to enhance or correct some of the deficiencies that we have.

**COMMISSIONER CHAUDHRY:**

I'd be happy to do that.

**CHAIRMAN MYSTAL:**

Thank you. Mr. Eddington.

**LEG. EDDINGTON:**

Yes. I'm the kinder, gentler Jack.

**LEG. HORSLEY:**

So they say.

**LEG. EDDINGTON:**

Yeah. I want to go from a general to a specific. It's come to my attention about sanitary conditions in some food establishments. It was brought to me by a constituent that came from Brazil and she was saying how Suffolk County is not really very sanitary. And I went what? So I've visited numbers of like delis where they prepare food. And she said to me see, see. They have the gloves, they do a great job preparing the food, and then they ask for my money and I give them their money -- my money. They put it in the draw and they go to the next place and cut with the same gloves. She said we would never do that in Brazil. And I went well, let me ask the Commissioner. What do we do about that?

**COMMISSIONER CHAUDHRY:**

They are required to change gloves, obviously, is the proper means of handling that and we do mention that in our mandated courses between the inspections. I will speak to my food inspection people to see if that continues to be a concern. Having been on some of these inspections I saw some of these violations myself as well. We continue to educate people. We can't be there all the time, but we have to impress upon them -- what could happen if even one departure from appropriate infection control can lead to not only a food borne illness, which could lead to a significant illness, shutting down of their establishment. So with try to use the economic argument as well as the public health argument but --

**LEG. EDDINGTON:**

Because I'm seeing that pretty widespread now that I am aware -- you know how when you become aware of it you see it?

**COMMISSIONER CHAUDHRY:**

I would urge you to let us know specifics. I noticed something like that three weeks ago and I told my Food Bureau about it as well.

**LEG. EDDINGTON:**

Yeah. I'm a little hesitant to be the health police, though, but.

**COMMISSIONER CHAUDHRY:**

No, no, no. But that's the point. The public has to tell us. We do our best in terms of being proactive, but if something is seen by anybody you do need to let us know, and I know many of you do let us know. So as much specific information as you can let us know, we value that. We need that information to do the right thing.

**LEG. EDDINGTON:**

Right. I'm not trying to imply that we have dirty money, either, you know, so. Thank you, Doctor.

**COMMISSIONER CHAUDHRY:**

Thank you.

**CHAIRMAN MYSTAL:**

Legislator Nowick.

**LEG. NOWICK:**

Doctor, thank you for coming in and talking to us about all those different subjects and it's very interesting. I know you haven't been here that long, but it certainly sounds like you're interested and I appreciate that.

Just two, as Legislator Eddington said, more specific issues. Boy did he open up a Pandora's box again with this. I wanted to ask you after he said that, does that also go for pizza places, people

that make pizza? Do they have to wear those plastic gloves when they make pizza.

**COMMISSIONER CHAUDHRY:**

That's a good question.

**LEG. NOWICK:**

Because you know that dough, you know, they are touching --

**COMMISSIONER CHAUDHRY:**

I think that's before it actually gets put in the oven.

**LEG. NOWICK:**

You think what?

**COMMISSIONER CHAUDHRY:**

I'm saying that's actually before it gets put in the oven, the pizza pie. That's a level of detail I just don't have enough --

**LEG. NOWICK:**

I would like to know the answer to that.

**COMMISSIONER CHAUDHRY:**

Okay.

**LEG. NOWICK:**

And as I'm sitting here thinking also, it wouldn't be a bad idea to deputize 18 of us and we can be all over the place and find out who's clean and who's not clean. But that wasn't my question.

**CHAIRMAN MYSTAL:**

We'll start with the Legislature itself.

**LEG. NOWICK:**

Okay. How many health clinics do we have?

**COMMISSIONER CHAUDHRY:**

We have eight health centers and three satellites, so 11 altogether.

**LEG. NOWICK:**

Eleven altogether.

**COMMISSIONER CHAUDHRY:**

Spread out geographically.

**LEG. NOWICK:**

I wondered if anybody you know personally has ever had to use one of the health clinics.

**COMMISSIONER CHAUDHRY:**

Yes.

**LEG. NOWICK:**

Without anybody calling ahead.

**COMMISSIONER CHAUDHRY:**

Yes.

**LEG. NOWICK:**

Good experience or bad?

**COMMISSIONER CHAUDHRY:**

Mixed. One, the person that we know who's utilized one of our health centers, I won't say which one, it doesn't really matter. The first day they felt there was a lot of paperwork and it took -- what they thought would be a half an hour visit turned into an all morning visit. And that's a concern because one of the things we're looking at is do they have to fill out all of this paperwork, because I notice some of the paperwork is duplication of efforts. There are at least two or three screening forms in there, for instance, for alcoholism. Do you need three screening forms for alcoholism? So these are among the things we're looking at to improve the efficiencies. And then the second visit they said was faster, it didn't take all morning. But these are real concerns that people have. So I am familiar with some of the concerns directly.

**LEG. NOWICK:**

I'm glad you brought that up, and I was going to bring that up to you as well. An acquaintance of mine who did not have health insurance asked where do you go, where does one go, what does one do, and of course I said well, we in the County have it all. And I made sure I found the health clinic, told them where to go and the experience was so humiliating and took so long and after all the paperwork was filled out, hours, I'm not going to say which clinic it was, but I will say that everybody working there was having such a good time they lost the paperwork. So maybe the point is these people should be shown respect. I mean, because they don't have health insurance they shouldn't be respected any less. Maybe it's worth having, I'm not going to say a sting kind of thing, but put our feelers out. Their time is valuable as well.

**COMMISSIONER CHAUDHRY:**

I appreciate that and I agree. I couldn't agree more. The service, I mean, we can't provide all services. We do a fairly good job with primary care, some secondary tertiary services. We have OB-GYN in many of our health centers, we deliver babies, but we don't provide all kinds of secondary or tertiary care. But the service that we do provide should be provided, I couldn't agree more, in a friendly, customer friendly manner that is respectful of their time and their needs.

**LEG. NOWICK:**

Absolutely. We know how we feel when we go to a doctor's office and we have to wait.

**COMMISSIONER CHAUDHRY:**

And I'll add in a culturally and linguistically appropriate manner.

**LEG. NOWICK:**

Excuse me?

**COMMISSIONER CHAUDHRY:**

In a culturally and linguistically appropriate manner as well and that's something that we have been training our people on.

**LEG. NOWICK:**

It's very important.

**COMMISSIONER CHAUDHRY:**

Yes.

**CHAIRMAN MYSTAL:**

Anybody else? You want a come back? No? Thank you very much, Dr. Chaudhry.

**COMMISSIONER CHAUDHRY:**

Thank you, Mr. Chairman.

**CHAIRMAN MYSTAL:**

I'd like to have somebody from Vector Control, if it is possible. I have a short question for somebody from Vector Control. I have a really short question. Can you guys give me a disease count in the County as to what we've been doing, you know, with what we've been finding?

**MR. NINIVAGGI:**

Numbers of cases of mosquito borne disease?

**CHAIRMAN MYSTAL:**

Yep.

**MR. NINIVAGGI:**

That would be Dr. Chaudhry's domain so I'll let him answer that.

**CHAIRMAN MYSTAL:**

Okay.

**MR. NINIVAGGI:**

I just kill mosquitoes. Taking care of people is Dr. Chaudhry.

**COMMISSIONER CHAUDHRY:**

Actually, if you give a couple of minutes I need to check the latest statistics. I do know that the numbers, I can tell you generally, and the numbers are deceptive for Suffolk County and for Nassau County. The numbers of mosquitoes that were tested positive for West Nile Virus, you know we did have this this past year and we immediately, soon as we were made aware of that, shut down parks as is the appropriate means of handling that. But this was a particularly dry season. We didn't have as many rainstorms as in years past and nationally this has become a serious problem and still is a serious problem. There were 3,000 human cases nationally I can tell you, and 1,000 human cases nationally and 93 deaths. In California, the State of California declared this a public health emergency, the Governor Schwarzenegger did that.

So the numbers, and I'll get them in the next minute, may be deceptive because they are trending downward. We have fewer mosquitoes that were testing positive this year as compared to the year before, but I do not want to get complacent about this because West Nile Virus and Eastern Equine Encephalitis, both of these types of conditions can be devastating, cause severe, serious neuro-invasive disease and death fairly quickly when they do occur. But I will get the numbers to you if you just give me a minute or two.

**MR. NINIVAGGI:**

I'd also like to point out, if I might, that human cases are really not the indicator that you want to look at in terms of virus activity because we spend a lot of time and effort to prevent human cases from happening. So if there are a few of them that doesn't necessarily mean the virus has gone away. What it means is that overall, you know, we've been successful at our preventative program.

If you look at virus activity in terms of mosquitoes testing positive, for instance, they go up and down various years. This year was relatively low with 14 samples testing positive. However, we had a similar situation in 2004 where we had very few positive mosquito samples and no human cases and then in 2005, 2006, the numbers went back up and we did have some human cases. So obviously human cases are important, but what we try to do very hard is prevent -- operate in a preventative manner to prevent us from getting to that point.

**CHAIRMAN MYSTAL:**

You're at the podium. Do you want to add something? I know you are going to tell me your name so they can --

**MR. JEFFREYS:**

Christopher Jeffreys, Assistant County Attorney for the County of Suffolk. As we go through this each year with our Vector Control Program, this year we're fortunate to be acting pursuant to a long-term plan. So as we work through the process, the SEQRA mandate, which is ordinarily what I'm here to talk about with the members of the committees and the full Legislature, is a continuity requirement, is our 2008 plan that has been proposed in conformity with the long-term plan. We're not looking at the hard look standard this year as we normally have done. We're looking at is what we have proposed from Vector Control in continuity with what the Legislature intended in its adoption of the FGIS and the finding statement. That's the SEQRA requirement for this particular year. As long as the Legislature can make that finding, the plan can go forward subject to whatever revisions the policymakers want to make.

**CHAIRMAN MYSTAL:**

I'm confused. You know, I'm looking around me and I'm saying does anybody have any idea what he just said.

**MR. NOLAN:**

Chris could do better.

**CHAIRMAN MYSTAL:**

Chris could do better? Okay.

**MR. JEFFREYS:**

You would like a better explanation. Ordinarily under SEQRA we come to this body as the lead agency to make the SEQRA determination whether this is a positive decoration or a negative decoration. That's ordinarily what we're here to do. For the long-term plan this body has already made that determination. The Annual Plan of Work for 2008 is the first time that the long-term plan is being adopted on an annual basis. We are implementing what the Legislature has wanted done. So as the plan was drafted we were very careful to make certain that there was absolute conformity with the long-term plan.

So as we come here your resolution this year is significantly different from the resolutions that you've normally seen in the Annual Plans of Work. It's very short. It's a short resolution this year because you approve or disapprove the plan, but the more important part of it is, is this plan that has been presented to you for 2008 in conformity with the long-term plan, are we doing what you as the policymakers want the Division of Vector Control to do to implement the long-term plan.

**CHAIRMAN MYSTAL:**

Okay. Jack?

**LEG. KENNEDY:**

Chris, this is somewhat -- I thought this is somewhat atypical for us. We're not embracing a CEQ recommendation. We are making a determination here out right without it not having gone to CEQ?

**MR. JEFFREYS:**

No, it went to CEQ. The plan went to CEQ. There's a CEQ resolution that went through e-Pack since that's normally where the resolution would go.

**LEG. KENNEDY:**

What was CEQ's recommendation?

**MR. JEFFREYS:**

It is in conformance.

**LEG. KENNEDY:**

It is in conformance and therefore neg dec?

**MR. JEFFREYS:**

There is no neg dec or pos dec on this particular plan. The SEQRA resolution and the SEQRA paragraph that deals with an existing FGEIS or GEIS, the lead agency just has to make the determination is the plan in conformity. It's not a pos dec or a neg dec this year. It's conformance or non-conformance, and that's what our issue is.

**LEG. KENNEDY:**

Was that a unanimous determination by CEQ as to conformity?

**MR. JEFFREYS:**

Unanimous or non-unanimous?

**MR. NINIVAGGI:**

I'm just passing around the CEQ resolutions.

**MR. DAWYDIAK:**

Unanimous.

**MR. JEFFREYS:**

By Walter Dawydiak, unanimous.

**LEG. KENNEDY:**

Thank you.

**CHAIRMAN MYSTAL:**

All right. Thank you very much. That's all we have unless somebody else has any questions. Thank you. We have a couple of cards.

**LEG. HORSLEY:**

So we didn't get Dr. Chaudhry's report.

**CHAIRMAN MYSTAL:**

Dr. Chaudhry, did you get the numbers?

**COMMISSIONER CHAUDHRY:**

I have some information. I'm waiting on the rest. New York State this past year had two deaths from West Nile Virus and there were 12 cases of neuro-invasive disease. As far as how many mosquitoes tested positive, that's what I'm getting. As soon as I have that I'll give it to you.

**CHAIRMAN MYSTAL:**

Okay. Thank you very much.

**MR. DAWYDIAK:**

Mr. Chair, one point of clarification.

**CHAIRMAN MYSTAL:**

Your mike is not on.

**MR. DAWYDIAK:**

The CEQ vote was unanimous amongst the nine members who were present that day. Mr. Daniel Pickney did not vote because he was not present.

**CHAIRMAN MYSTAL:**

Thank you. We're moving to the public portion and we have three or four cards. The first person, Dr. Joseph Laria, who wants to --

**LEG. HORSLEY:**

Are you sure that's for --

**CHAIRMAN MYSTAL:**

That was this morning. Okay. Never mind.

**LEG. LOSQUADRO:**

Those are all this morning?

**CHAIRMAN MYSTAL:**

Never mind.

**LEG. NOWICK:**

Good news.

**CHAIRMAN MYSTAL:**

Michael Kaufman.

**MR. KAUFMAN:**

I decline, sir.

**CHAIRMAN MYSTAL:**

Thank you. You are such a gentleman. I'd invite you to dinner any time. Thank you. We have no cards, nobody wants to address the committee. Hearing none, we'll go to the agenda right now.

#### **Tabled Resolutions**

**IR 1577-07, Directing the Department of Health Services to conduct a feasibility study for the creation of a Division of Geriatrics. (Romaine).**

Motion to table by myself, seconded by Legislator Horsley. All in favor? No? Abstention? Motion is tabled. **(Vote: 5-0-0-0)**

**IR 1622-07, To strengthen County policy to comply with zoning and building code requirements in the Department of Social Services' Placements. (Romaine).**

Motion to table by myself, seconded by Legislator Eddington. All in favor? No? Abstention? Motion is tabled. **(Vote: 5-0-0-0).**

**IR 1635-07, Establishing guidelines for the use of methoprene in Suffolk County. (Schneiderman)**

Motion to table by myself, seconded by Legislator Horsley. All in favor? No? Abstention? Motion is tabled. **(Vote: 5-0-0-0).**

**IR 1719-07, Establishing an Equitable Placement Policy for the Department of Social Services. (Browning).**

Motion to table by Legislator Horsley, seconded by Legislator Eddington. All in favor? No? Abstentions? Motion is tabled. **(Vote: 5-0-0-0).**

**IR 1744-07, Directing the Suffolk County Department of Health Services to conduct a soil, groundwater and air quality study in the Town of Brookhaven and amending the 2007 Capital Budget and Program and appropriating funds for the environment study on the Papermill Road facility site, Town of Brookhaven (CP 8221). (Romaine).**

Motion to table by myself, seconded by Legislator Eddington. All in favor? No? Abstention? Motion is tabled. **(Vote: 5-0-0-0)**.

**IR 1913-07, Approving the reappointment of Janet DeMarzo as Commissioner of the Suffolk County Department of Social Services. (Co. Exec.)**

Motion to table by myself, seconded by Legislator Horsley. All in favor? No? Abstention? Motion is tabled. **(Vote: 5-0-0-0)**.

1947.

**LEG. LOSQUADRO:**

1945.

**CHAIRMAN MYSTAL:**

1945, I'm sorry. **IR 1945-07, Adopting Local Law No. 2007, A Local Law to require uniform drinking water mains in Suffolk County. (Losquadro)**.

**CHAIRMAN MYSTAL:**

Motion to --

**LEG. KENNEDY:**

On the motion, Mr. Chair. I'm going to make a motion to approve at this point.

**CHAIRMAN MYSTAL:**

Second by Legislator --

**LEG. LOSQUADRO:**

On the motion, I'll be happy to explain.

**CHAIRMAN MYSTAL:**

Motion to table by myself, seconded by Legislator Eddington. Okay, on the motion go ahead.

**LEG. LOSQUADRO:**

Well, as far as I know, only one thing was brought up recently regarding this in terms of an objection. We've already heard the Water Authority speak in favor of this, but the Long Island Builders Institute sent me a letter in which they outlined a couple of concerns that they had. I called them up this morning, around midday or whatever it was now, I can't believe I've been here all day; it's three o'clock already. But I believe I was able to address their concerns and I will explain how.

I think there was some misunderstanding. One of the things that they were concerned about was the component that required individual metering of residential units, and in section two of this resolution it says no residential housing development or condominium complex shall be permitted to be constructed in Suffolk County unless each resident is served by an individual water meter. They saw that and said what about apartments, what about -- and I said guys, continue reading the bill. Section three right underneath it says multiple dwelling units and apartment complexes, they are excluded. It's already in the legislation. They were not aware of that. I explained that to them. That was -- that issue was addressed.

The only other -- everything really stemmed from that, other than the effective date of the legislation, and in speaking with Counsel's office --

**CHAIRMAN MYSTAL:**

Legislator Losquadro, could you suffer one more tabling until we get that straightened out with my caucus because we --

**LEG. LOSQUADRO:**

I would --

**CHAIRMAN MYSTAL:**

You still have time, but we should have one other session.

**LEG. LOSQUADRO:**

I understand, but I can tell you what the only other concern was and, in fact, the only group that I'm aware that raised anything was LIBI, and I addressed both of the concerns that they raised today.

**LEG. KENNEDY:**

Mr. Chair, if I can through the Chair add to the dialogue. I would be happy to withdraw my motion to approve and instead substitute a motion to discharge without recommendation.

**CHAIRMAN MYSTAL:**

Let me listen to Mr. Brown. Mr. Brown, you have some concern about this?

**MR BROWN:**

Well, only that we did attend a meeting with members from the Department of Health. I was there, somebody from Legislative Counsel was there, at Legislator Losquadro's office. And I was just talking to the Deputy Commissioner of Health and they have not seen a revised version, so they would like tabling for one cycle also to have their chance to take a look at it.

**LEG. LOSQUADRO:**

As far as I knew, the changes were not very substantive and I thought all parties were privy to the changes that were made. If that's not the case with the Health Department, I'll -- basically the recommendations that they made while we had that meeting I incorporated into the legislation. So I think they should be happy with the changes, but if that's the case, perhaps Mr. Miner, would you -- is that the case, you haven't had a chance to review this amended copy?

**MR. MINER:**

Neither the Division of Environmental Quality or myself had a chance to see it. We didn't know the changes had been made. I'm sure they're consistent with what we had discussed at the meeting, but we would like one session to just take a look at that and confirm.

**LEG. LOSQUADRO:**

Okay. I'll be happy to come and speak to you afterwards. But again, the changes -- basically the changes that we discussed and were requested in that meeting were made and I addressed the concerns that the Builders Institute had, so unfortunately you'll get to see me again at the next committee meeting and I can really bore you on the details of drinking water distribution systems.

**MR. MINER:**

Thank you.

**CHAIRMAN MYSTAL:**

No me. Bore them. Okay. We should have a motion to approve. So if we just make a motion to table.

**LEG. LOSQUADRO:**

Tabling takes precedence.

**CHAIRMAN MYSTAL:**

I know. Motion to table. All in favor? No? Abstention? The motion is tabled. **(Vote: 5-0-0-0).**

So you'll come back with it in the next session and I'm pretty sure you probably won't have any problem with it.

### **Introductory Resolutions**

**IR 2129, Approving the Vector Control Plan of the Department of Public Works Division of Vector Control pursuant to Section C8-4(B)(2) of the Suffolk County Charter. (Co. Exec.)**

That's the one we just heard about, so motion to approve.

**LEG. NOWICK:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Nowick. All in favor? Abstention -- I mean no and abstention? Motion is approved. **(Vote: 5-0-0-0).**

**IR 2171-07, Accepting and appropriating 100% State grant funds from the New York State Division of Criminal Justice Services to the Department of Health Services, Division of Medical, Legal Investigations and Forensics Sciences for aid to crime labs. (Co. Exec.)**

Motion to approve by myself, seconded by Legislator Eddington, put on the Consent Calendar. Motion -- all in favor? Opposed? No? Motion is approved. **(Vote: 5-0-0-0).**

**IR 2177-07, Appropriating funds in connection with the water quality model - Phase V (CP 8237). (Co. Exec.)**

I have been asked by the County Executive to table this motion, so I'll make a motion to table.

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Eddington. All in favor? Opposed? No? Motion is tabled. **(Vote: 5-0-0-0).**

**IR 2182, Appropriating funds in connection with the purchase of equipment for health centers (CP 4055). (Co. Exec.)**

Motion to approve by myself, seconded by Legislator Eddington. Cosponsor, please. All in favor? Opposed? No? Motion is approved. **(Vote: 5-0-0-0).**

**IR 2194-07, Appropriating funds in connection with the purchase of equipment for Medical, Legal Investigations & Forensic Sciences (CP 1132) and approving the purchase of a vehicle in accordance with Section 186-2(B)(6) of the Suffolk County Code and in accordance with the County vehicle standard. (Co. Exec.)**

Motion to approve, seconded by Legislator Horsley. All in favor? Opposed? Abstention? Motion is approved. **(Vote: 5-0-0-0).**

Motion to adjourn by myself, seconded by Legislator Eddington. One more thing, hold on. We didn't call the vote to adjourn. Somebody just gave me a card. Ms. Mary Finnin.

**MS. FINNIN:**

Thank you, Mr. Chairman, for the courtesy. I'm sorry I got my card in late. I just wanted to make a few statements. I was concerned about the editorial in the Sunday paper. I did hear the comments

of the committee on some of those things, but I did want to address my concern as a resident, taxpayer, senior citizen, registered nurse, about the effect of the sale of the Suffolk Health Plan and how that will be handled because at the present time if the money is already out of the budget and that goes into effect in January, what happens to the patients and the clinics that are covered by Suffolk Health Plan? If the only people that can bid on this plan, on these RFP's are private sector then, you know, then we have a problem if all of that is not taken care of so that we have continuity of care for those patients.

So I'm concerned -- number one, I'm opposed to the sale of the Suffolk Health Plan and I won't go into all of the reasons, but some of it was addressed. I was here when that plan was created when Mary Hibberd was the Commissioner. But if, in fact, it's a fate a compli I think the Legislature is required to see that there is some provision made so there's continuity of services and funding for the people. There are 15 or 30,000 people that get care under that.

The other concern that I have is the contracting out issue for nursing services. You've heard it at other meetings where the number of contracts and the amount of money that is spent at the John J. Foley place. They won't fund staff positions, but they've spent millions on contracting out. Well, I'm learning now they're contracting out in our drug clinics. This is an accident waiting to happen. In our methadone clinics you need regular staff that knows those clients because you have to do an assessment before you medicate them each time. Not only the contracting out, but they're contracting out LPN's. They have to work under the direction and supervision of an RN. As an RN in a drug clinic, I don't want to be responsible for anyone else giving out narcotics and drugs to drug addicts.

The other thing is when you contract out to agency people, you don't have the same control over who you are getting in, and someone who's a drug seeker themselves or have the problem, they're going to look for those kind of jobs. I think that's a real problem and I think it should be nipped in the bud. You know, do something about the salaries for nurses in the County and you'll have the quality and the number of staff that you need to fund our -- to take care of clinics, our nursing homes and our drug clinics. But that, you know, I just heard about that last night. I'm very concerned about it. I worked in drug abuse for several years and so I know what it takes to do an assessment.

The one other thing I would like to say, Mr. Kennedy isn't here, but I was also the HIV nurse coordinator for 17 years and I want to tell you that the patients in our clinics get very good care. We averaged 500 patients a year between the jail and our clinics. We have the only dental clinics in our Suffolk County clinics when no one in private sector would take care of anyone with HIV. That's why we developed grants and we had three dental clinics. They got very good services. I personally go to one of the dentists that run, you know, our clinic. So, I mean, if you want someone that's into good infection control, you know, these dentists know what they're doing and, you know, they give top quality.

I think we have wonderful services. We've got very good doctors and nurses working in the HIV Program. I will tell you that constantly losing staff and to keep up the quality of care that we've been able to give for 17 years is getting harder every day. So I think we do need to look at increasing the staff. Thank you very much for your time.

**CHAIRMAN MYSTAL:**

Thank you very much. I'm sure the Commissioner, who is sitting back there, listened to it and what you are saying and taking notes. We will be asking him about all these questions, the HMO, the contracting services for nurses, and the contracting services for the drug clinic. Thank you very much. Mr. Hernandez, I am not happy to see you. We were about to adjourn.

**MR. HERNANDEZ:**

It's very quickly. Just making you aware of a CN that's going to be introduced, accepting and appropriating \$136,000 and a hundred percent grant funding from New York State Office for Family

and Children Services to enhance comprehensive case management.

**CHAIRMAN MYSTAL:**

We always accept money, Mr. Hernandez. We never turn down money.

**MR. HERNANDEZ:**

Okay. I just wanted to make you aware. Very brief.

**CHAIRMAN MYSTAL:**

You can bring it on donkey and we'll take it, okay? All right. Motion to adjourn, seconded by Legislator Horsley. All in favor? Opposed? No? We are out of here.

**[THE MEETING WAS ADJOURNED AT 3:15 PM].**

**{ } Indicates Spelled Phonetically**